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CONFIRMATION NO. 4880

<b>SERIAL NUMBER</b> 10/803,134	<b>FILING OR 371(c) DATE</b> 03/17/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> ROWE/03B
<b>APPLICANTS</b> James M. Campos, Hayward, CA; Bruce D. Rowe, Cincinnati, OH;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/047,745 01/15/2002 PAT 7,035,691				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/31/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 12
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 26875				
<b>TITLE</b> Resonant muscle stimulator				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	